## DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

Title of	Process for Recycling Solid Supports for Cultivation of Anchorage-Dependent Cells		
As the belo	w named inventor(s), I/we declare that:		
This declar	ation is directed to:		
	The attached application, or		
	Application No. PCT/EP2004/053133 , filed on NOVEMBER 26, 2004		
	as amended on(if applicable);		
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;			
I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;			
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.			
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.			
FULL NAM	F OF INVENTOR(S)		
	FULL NAME OF INVENTOR(S)  Inventor one: ALAIN BERNARD		
Signature: Citizen of: FRANCE			
Inventor tw	o: FREDERIC PAPP		
Signature:	Citizen of: FRANCE		
Inventor th	ree:		
Signature:	Citizen of:		
Inventor fo	ur.		
Signature:	Citizen of:		
Addi	tional inventors or a legal representative are being named onadditional form(s) attached hereto.		

Additional inventors of a legal representative are being named on additional form(s) attached hereto.

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FULL NAM	IE OF INVENTOR(S)		
	ne: ALAIN BERNARD		
	Citizen of: FRANCE		
Inventor tw	'o: FREDERIC PAPP		
Signature:	/o: FREDERIC PAPP  Citizen of: FRANCE  ree:		
Inventor th	ree:		
l	Citizen of:		
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	Citizen of:		
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## POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

ired to respond to a collection of info	rmation unless it displays a valid OMB control number.
Application Number	10/580,777
Filing Date	May 26, 2006
First Named Inventor	Alain Bernard
Title	Process for Recycling Solid
Art Unit	
Examiner Name	
Attorney Docket Number	SER-110

I hereby revoke all previous powers of attorney given in the above-identified application.						
	bus powers or attorney given in	THE ADOVE-IDEN	iuneu application			
I hereby appoint:			<del></del>	٦		
Practitioners associated	2355	7				
OR	\					
Practitioner(s) named be	elow:					
	Name			ımber		
as my/our attorney(s) or agent Trademark Office connected to	(s) to prosecute the application identified herewith.	d above, and to tra	ansact all business in	the Unit	ed States Patent and	
Please recognize or change th	ne correspondence address for the abov	e-identified applic	ation to:			
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OR						
The address associa	ated with Customer Number:					
OR						
Firm or Individual Name						
Address						
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I am the:				<del>, , , , , , , , , , , , , , , , , , , </del>		
Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71.						
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Signature X			Dat		× 9 fm 06	
Name ALATIN BERNARD Telephone						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one						
signature is required, see below*.						
*Total of	*Total of forms are submitted.					

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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I hereby revoke all previous powers of attorney given in the above-identified application.					
I hereby appoint:	по свото постана страновного				
	00557				
✓ Practitioners associated with the Customer Number:	23557				
OR .					
Practitioner(s) named below:					
Name	Registration Number				
as my/our attorney(s) or agent(s) to prosecute the application identifie	d above, and to transact all business in the United States Patent and				
Trademark Office connected therewith.					
Please recognize or change the correspondence address for the abov	e-identified application to:				
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OR					
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Firm or Individual Name					
Address .					
City	State Zip				
Country					
Telephone Lam the:	Email				
I am the:  Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SONATURE of Applicant or Assignee of Record					
Signature	Date × 2006, June 05th				
Name FREDERIC PAPP	Telephone				
Title and Company X Project Manager - Serono					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
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